

1475

MARGIN RESERVED FOR BINDING

N.B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

| STANDARD CERTIFICATE OF DEATH | | Arizona State Board of Health | | BUREAU OF VITAL STATISTICS | |
|---|---|--|------|--|--|
| 1. PLACE OF DEATH | | State File No. _____ | | Registered No. _____ | |
| County <u>Graham</u> State <u>ARIZONA</u> | | | | | |
| Township _____ or Village _____ | | | | | |
| City <u>Metcalf</u> No. _____ St. _____ Ward _____ | | | | | |
| (If death occurred in a hospital or institution, give its NAME instead of street and number) | | | | | |
| Length of residence in city or town where death occurred _____ yrs. _____ mos. _____ ds. | | How long in U. S. if of foreign birth? _____ yrs. _____ mos. _____ ds. | | | |
| 2. FULL NAME <u>Escicito Roscoe</u> | | How long in State when death occurred? _____ yrs. _____ mos. _____ ds. | | | |
| (a) Residence: No. _____ (Usual place of abode) | | St. _____ Ward _____ (If non-resident give city or town and State) | | | |
| PERSONAL AND STATISTICAL PARTICULARS | | | | | |
| 3. SEX | 4. COLOR OR RACE | 5. SINGLE, MARRIED, WIDOWED, or DIVORCED, (Write the word) <u>Single</u> | | | |
| <u>Male</u> | <u>Mexican</u> | | | | |
| 5a. If married, widowed, or divorced HUSBAND of (or) WIFE of _____ | | | | | |
| 6. DATE OF BIRTH (month, day, and year) | | | | | |
| 7. AGE | Years | Months | Days | If LESS than 1 day, _____ hrs. or _____ min. | |
| | <u>3</u> | | | | |
| OCCUPATION | 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. | | | | |
| | 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. | | | | |
| | 10. Date deceased last worked at this occupation (month and year) _____ | | | | |
| 11. Total time (years) spent in this occupation _____ | | | | | |
| 12. BIRTHPLACE (city or town) (state or country) _____ | | | | | |
| FATHER | 13. NAME _____ | | | | |
| | 14. BIRTHPLACE (city or town) (State or country) _____ | | | | |
| MOTHER | 15. MAIDEN NAME _____ | | | | |
| | 16. BIRTHPLACE (city or town) (State or country) _____ | | | | |
| 17. INFORMANT (Address) _____ | | | | | |
| 18. BURIAL, CREMATION, OR REMOVAL | | | | | |
| Place <u>Metcalf</u> Date _____ 19____ | | | | | |
| 19. UNDERTAKER (Address) _____ | | | | | |
| 20. Filed _____ 19____ Registrar _____ | | | | | |
| MEDICAL CERTIFICATE OF DEATH | | | | | |
| 21. DATE OF DEATH (month, day, and year) <u>May 28th. 1909</u> | | | | | |
| 22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____. | | | | | |
| I last saw h. _____ alive on _____, 19____; death is said to have occurred on the date stated above, at _____ m. | | | | | |
| The principal cause of death and related causes of importance were as follows: | | | | | |
| <u>Inf. Paralysis</u> | | | | | |
| Date of Onset <u>3 wks</u> | | | | | |
| Other contributory causes of importance: _____ | | | | | |
| Name of operation _____ Date of _____ | | | | | |
| What test confirmed diagnosis? _____ Was there an autopsy? _____ | | | | | |
| 23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____, 19____ | | | | | |
| Where did injury occur? (Specify city or town, county and State) _____ | | | | | |
| Specify whether injury occurred in industry, in home, or in public place. _____ | | | | | |
| Manner of injury _____ | | | | | |
| Nature of injury _____ | | | | | |
| 24. Was disease or injury in any way related to occupation of deceased? _____ | | | | | |
| If so, specify _____ | | | | | |
| (Signed) <u>J H Tebbitts</u> M. D. | | | | | |
| (Address) _____ | | | | | |